

TOBACCO TREATMENT IN DRUG AND ALCOHOL SETTINGS: WHEN QUITTING MAY NOT BE THE END-POINT BUT A GATEWAY TO QUITTING

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Introduction: Abruptly quit smoking, picking a quit date or impressing on a drug and alcohol client to even consider quitting are imperatives not regularly well received by this group. Alternative strategies that are less intimidating and require less immediate behavioural changes are more acceptable and amenable to clients and have been shown to be “gateways” to quitting.

Approach: The use of nicotine replacement therapy and concomitant tobacco smoking is known to be safe, potentially safer than smoking alone. Smokers extract less smoke, particulate matter and gases while smoking and using nicotine replacement therapy (NRT) delivery devices. Additional NRT is added gradually if required over time. Our previous studies show that this alternative to abrupt quitting may lead to reducing the harm from smoking and is a slower, yet successful strategy for many to cut down on cigarettes per day, save money and eventually cease smoking.

Key Findings: We have initiated this strategy in patients with histories of poly-substance abuse, many (87%) with concomitant diagnoses of depression and some (25%) with confirmed diagnoses of post-traumatic stress disorders. 42% of this group have shown validated abstinence from smoking at one year, 45% showed reduction in numbers smoked per day and 13% were lost to follow-up.

Discussion: Most clients (and staff) are unaware of this strategy and need to be informed of its safety and benefits. The protocol can be initiated in many health care facilities for outpatients with either drug and alcohol use, and mental health issues or both.